

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/786867** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		2					60						
11		2					61						
12		2					62						
13		2					63						
14		2					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		2					69						
20		2					70						
21		2					71						
22	1						72						
23		1					73						
24	1						74						
25	1						75						
26		1					76						
27		5					77						
28	1						78						
29							79						
30							80						
31							81						
32							82						
33							83						
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35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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U.S. DEPARTMENT OF COMMERCE
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